



REPORT

BORDER CLASH

August 1st, 2025

Humanitarian Need Assessment Report

Photo: FDG with children at IDP; Photographer name: Yous Ratha/ Save the Children



Save the Children

CONTENTS

1. Executive Summary	3
Key Humanitarian Concerns	3
Recommendations Overview	4
2. Assessment methodology	5
Team Composition	5
Timeline and Schedule	6
Methodology and Tools	7
Conflict Sensitivity and Data Limitations	7
3. Context and Conflict Sensitivity Analysis	8
Humanitarian Context	8
Displacement Patterns by Province	8
Operational Environment	9
4. Sectoral Findings	10
Overview	10
4.1 Protection	10
4.2 Shelter and Non-Food Items (NFIs)	10
4.3 Food Security and Livelihoods	11
4.4 Health	11
4.5 Water, Sanitation, and Hygiene (WASH)	12
4.6 Education	12
4.7 Safety and Security	12
5. Camp Management and Coordination	13
6. recommendations	14
6.1 Immediate Humanitarian Response Priorities	14
Protection	14
Shelter and NFIs	14
Food Security and Livelihoods	14
Health	15
WASH	15
Education	15
Safety and Security	15
6.2 Conflict-Sensitive and Inclusive Programming	15
6.3 Scenario-Based Planning	16
Scenario 1: Stabilization and Voluntary Returns Increase	16
Scenario 2: Prolonged Displacement with Ceasefire Holding	16
Scenario 3: Resumption or Escalation of Violence	16

1. EXECUTIVE SUMMARY

In late July 2025, escalating insecurity along the Cambodia–Thailand border resulted in large-scale displacement across several northern and northwestern provinces. While the precise cause of the conflict is not elaborated in this report for conflict sensitivity reasons, field reports confirm that widespread fear and heavy movement of people occurred after the intensification of armed violence near border areas. A ceasefire was declared on 28 July 2025, but the situation remains fragile, with ongoing humanitarian needs and uncertain conditions for return.

As of 31 July 2025, more than 172,000 people were displaced across at least 180 IDP sites, with displacement spanning Siem Reap, Preah Vihear, Oddar Meanchey, Banteay Meanchey, and other neighboring provinces. In addition to internally displaced persons (IDPs), nearly 400,000 Cambodian nationals returned from Thailand during June and July 2025, increasing pressure on border communities and service delivery systems.

Spontaneous returns have begun in some areas, particularly in Siem Reap and Banteay Meanchey, following the ceasefire. However, fear of unexploded ordnance (UXO), damaged housing, and uncertainty around security and service restoration continue to deter large-scale returns. Many families remain in makeshift shelters or hosted by relatives, with camp conditions varying in quality, safety, and accessibility.

Key Humanitarian Concerns

Findings across multiple displacement sites and host communities highlight urgent concerns:

- **Protection:** Child protection risks are widespread, including drowning, violence, psychological distress, and lack of awareness of GBV and safeguarding risks. Facilities lack gender separation, and child-friendly services are minimal. Persons with disabilities and children with diverse SOGIESC also face exclusion and bullying.
- **Shelter and NFIs:** Shelters are overcrowded and below Sphere standards. Multiple families share sleeping spaces with minimal privacy or ventilation. NFI support—especially bedding, clothing, and cooking utensils—is unevenly distributed.
- **Food Security and Livelihoods:** While food access is sufficient for the short term, quality, diversity, and coordination remain concerns. Livelihood disruptions are significant due to displacement during planting season, job loss, and loss of livestock.
- **Health:** Mobile clinics are in place, but camps face common illness outbreaks (fever, diarrhea, scabies), exacerbated by heat, poor shelter, and overcrowding. Mental health needs are pressing and underserved.
- **WASH:** Sanitation facilities are insufficient and poorly maintained, often lacking gender segregation or access for people with disabilities. Hygiene supplies are inconsistent, and clean water is not available at all sites.
- **Education:** Displacement has disrupted learning for tens of thousands of children. Temporary learning spaces are limited, and children show signs of emotional distress, disengagement, and dropout risk. Access to nearby schools is challenging due to overcrowding and transportation barriers.
- **Safety and Security:** While local authorities provide 24/7 monitoring, theft, fear at night, and lack of formal reporting mechanisms were observed. Camp layouts present risks for harassment, and some IDPs returned home prematurely without UXO clearance or security confirmation.

- **Camp Management and Coordination:** Management capacity is overwhelmed. Public donations are not well coordinated, and most camps lack formal registration, SOPs, or feedback mechanisms, resulting in inequitable distribution of aid and poor tracking.

Recommendations Overview

Immediate humanitarian priorities include:

- Urgent scale-up of child protection, GBV mitigation, and mental health support.
- Improvements to shelter, WASH, and NFI distribution to meet minimum standards.
- Strengthened education access, including temporary learning spaces and psychosocial integration.
- Sustained health services, including mobile clinics, medicine distribution, and disease prevention.
- More coordinated food distribution and support for livelihood recovery.
- A conflict-sensitive approach is critical—ensuring neutrality, data protection, and equitable support for IDPs in both formal sites and host households.

Scenario-based planning is recommended to ensure preparedness for three potential trajectories:

- **Scenario 1:** Stabilization and Return – Support safe, voluntary return and transition to recovery.
- **Scenario 2:** Prolonged Displacement – Upgrade emergency services and integrate early recovery.
- **Scenario 3:** Conflict Resurgence – Prepare to scale up emergency response and displacement site expansion.

This assessment provides a foundation for targeted, coordinated, and principled humanitarian action and recovery in the coming weeks.

2. ASSESSMENT METHODOLOGY

This rapid assessment was conducted to understand the immediate humanitarian needs of populations affected by the recent border clash, with a focus on protection, education, food security, health, WASH, shelter, and child wellbeing. The assessment was undertaken using a multi-sectoral, inter-agency approach, though this report reflects an independent analysis and recommendations from Save the Children and the sector member.

Team Composition

The assessment team included staff from the following agencies:

- Save the Children (Multi-Sector Focus):
 - Mr. Ros Chanborith
 - Mr. Saing Kimleng
 - Ms. Prak Chankroesna
 - Ms. Yous Ratha
- UNICEF (Protection):
 - Mr. Phok Sophea
- WFP (Education and Food Security):
 - Ms. Soeu Sousdey
- World Vision International (WVI):
 - Mr. Bou Sea
- IOM:
 - Mr. San Sopheak
- Church World Service (CWS): Provided health-related findings and insights for triangulation, though not directly involved in the field missions.
- Other organizations were also present during the joint field visits.



Timeline and Schedule

Save the Children planned and deployed its team from 28 July to 01 August 2025. The timeline of key activities is as follows:

- 28 July 2025: Coordination meeting with stakeholders.
- 29 July 2025: Deployment to Siem Reap and planning sessions.
- 30 July 2025 (AM): Meeting with Siem Reap authorities to gather situational information.
- 30 July 2025 (PM): Joint assessment conducted in Preah Vihear Province at Wat Por 5000 Deum IDP Camp (Save the Children, UNICEF, WFP). Other UNICEF team conducted another assessment at Wat Anthea
- 31 July 2025 (AM): Assessment conducted at Wat Chroy Neang Ngoun IDP Camp, Srey Snom District, Siem Reap (Save the Children, UNICEF, WVI, and other partners).
- 31 July 2025 (PM): Assessment conducted at Wat O Ta Kok IDP Camp, Svay Leu District, Siem Reap Province (Save the Children, WFP, WVI). UNICEF and other partners conducted assessment at Angkor Chum
- 01 August 2025: Final assessment at Wat Bat Tkuv IDP Camp, Chong Kal, Oddor Meanchey Province (Save the Children, WFP, WVI, IOM).



Methodology and Tools

The assessment applied a mix of qualitative methods:

- Key Informant Interviews (KIIs): Conducted with local responders, camp managers, and displaced persons.
- Focus Group Discussions (FGDs): Conducted with adult men, adult women, boys, and girls to understand differentiated needs and risks.
- Direct Observation: Used to assess camp conditions, available infrastructure, and service gaps.
- Secondary Input Review: Health-related findings were also consulted with Church World Service (CWS) to triangulate field observations and improve the quality of sector-specific analysis.
- Other findings were consulted from assessment team visits to different areas.

Conflict Sensitivity and Data Limitations

Given the ongoing and politically sensitive nature of the border situation, this report focuses strictly on humanitarian needs. Any information related to conflict dynamics, security incidents, or political context has been carefully excluded to maintain neutrality and avoid harm to communities or operational actors.

Furthermore, this report has been developed independently by Save the Children. While the assessment was conducted jointly with various partners, the analysis and recommendations presented here do not necessarily reflect a consensus position of the broader assessment team. This approach was taken due to time constraints and the urgency of formulating early response actions.

3. CONTEXT AND CONFLICT SENSITIVITY ANALYSIS

Humanitarian Context

In late July 2025, intense insecurity in areas along the Cambodia–Thailand border led to widespread population displacement. Heavy fighting and the threat of violence caused thousands of families to flee their homes, triggering a large-scale internal displacement across multiple provinces. While a ceasefire was announced on 28 July 2025, the humanitarian situation remains fluid. Although some families have begun returning home, many continue to stay in camps or with host families, citing concerns over safety and access to basic services.

As of 31 July 2025, more than 172,000 people were reported displaced across at least 180 sites in five provinces. Many affected areas face severe disruptions to health, education, protection, shelter, WASH, and food security systems (*source: HRF*).

Displacement Patterns by Province

By the end of July, more than 172,000 people were displaced across at least 180 displacement sites, with significant humanitarian needs emerging in the areas of protection, education, health, shelter, WASH, and food security. In addition to the internal displacement, nearly 400,000 Cambodian nationals—including thousands of women and children—returned from Thailand between late June and the end of July, placing additional pressure on hosting provinces and local authorities.

In Siem Reap province, displacement peaked between 25 and 29 July, with local authorities recording 19,431 displaced households (63,492 people, including 35,347 females). Of these, 7,051 households (23,449 people) stayed in 141 formal IDP sites, while 12,380 households (40,043 people) sought refuge with relatives. The displaced included 8,096 children (4,247 girls), 1,983 elderly people (1,156 female), 127 persons with disabilities (42 female), and 140 pregnant women. On 30 July, 34 households (122 people, 91 of them female) returned home following the ceasefire. However, many remained in place, and by 31 July, there were still 6,220 households (21,306 people) in camps and 10,615 households (33,682 people) hosted by families. The total displaced population in Siem Reap stood at 55,871 people (30,979 female). Several schools were closed or repurposed as shelters, disrupting learning for hundreds of children, though official education figures were still under verification.

In Preah Vihear province, local authorities reported by 02 August 2025 that 9,680 households (31,904 people) were staying in 15 IDP camps. Wat Por 5000 Deum, the largest site, hosted 4,836 households (16,350 people) alone. Another 1,165 households (3,506 people) were staying with relatives across Preah Vihear Town, Sangkum Thmey, Chey Sen, and Rovieng. The education sector was heavily impacted, with 105 schools closed and 14,529 students (7,270 girls) affected.

Oddar Meanchey province also saw high displacement figures, with 10,489 households (37,021 people, including 19,464 females) recorded in six IDP camps as of 31 July. Vulnerable groups included 7,010 children, 1,489 elderly people, 243 persons with disabilities, and 98 pregnant women. By 2 August, displacement numbers had declined slightly, with 6,708 households (24,951 people) remaining in the camps. Yet, this

number is expected to arise once the tension continues. Education services were significantly disrupted, with 260 schools closed and 60,620 students (30,253 girls) out of school.

In Banteay Meanchey province by 28 July 2025, displacement was more dispersed, with significant reliance on host families. In Thma Puok district, 1,787 households (5,900 people) were displaced. O'Chrov hosted 938 households (3,710 people), including 1,251 children. Mongkul Borey reported 1,037 displaced households, the majority (971) staying with relatives. In Malai district, 1,964 households (8,367 people, including 3,868 children) were hosted entirely in private homes. Overall, 151 schools were closed in the province, affecting 48,227 students (24,112 girls).

Smaller numbers of displaced people were also reported in Phnom Srok, Svay Chek, and Serei Sophorn, with people either in temporary shelters or hosted by relatives. Local authorities also noted spontaneous evacuations from other provinces, such as Battambang and Preah Vihear, into Banteay Meanchey.

While **Koh Kong province** was not directly affected by armed violence, some residents fled their homes as a precaution. The Cambodian Red Cross reported 47 displaced people (17 female) on 29 July and 33 more (10 female) on 30 July. In the education sector, 26 schools were temporarily closed, disrupting learning for 6,861 students (2,854 girls).

In Pursat province, 6 schools were closed, affecting 2,695 students (1,306 girls) as of 26 July 2025. Though the number of displaced people here was relatively low, it highlights the broader geographic reach of the crisis's impacts.

A significant regional dynamic has been the return of Cambodian migrants from Thailand. According to the National Committee for Counter Trafficking (NCCT), nearly 400,000 people returned to Cambodia between 28 June and 31 July. This included 177,966 females and 3,794 children (386 girls). Many of these returnees have specific protection and reintegration needs, particularly in border provinces already strained by internal displacement.

While the ceasefire has enabled limited returns—such as those observed in Siem Reap on 30 July—many displaced households remain wary of returning. Security concerns, damaged infrastructure, and loss of livelihoods continue to hinder recovery. The possibility of renewed tensions means that prolonged displacement remains a real risk.

Given this context, humanitarian actors must apply strong conflict-sensitive approaches in all interventions. Assistance must be delivered in a neutral, impartial manner, avoiding any perception of affiliation with political or military actors. Special care must be taken to ensure equitable support for both IDPs in camps and those living with host families, as disparities in aid delivery could heighten local tensions. Data collection and information sharing should be handled with extreme caution, particularly regarding return locations or security perceptions.

The presence of community leaders, pagodas, and sub-national authorities has been critical in managing displacement sites and initial aid distribution. However, local coordination mechanisms remain under strain. Most registration is paper-based, and aid distribution—especially in informal hosting settings—has been inconsistent. Humanitarian partners must continue to support these local actors while enhancing accountability and ensuring that marginalized groups, including women, children, and persons with disabilities, are not left behind.

Operational Environment

The humanitarian response is being coordinated under the leadership of the National Committee for Disaster Management (NCDM), Provincial Authority, and Humanitarian Response Forum, with support from civil society, local authorities, and international partners. Community-based systems have been crucial, including religious leaders and volunteers managing basic service provision at sites.

4. SECTORAL FINDINGS

Overview

This section presents consolidated findings across sectors, based on joint assessment activities, observation, discussions with displaced persons, and consultation with health partners (e.g., CWS). Given the emergency nature of the response and limitations in accessing each site individually, findings represent common patterns across multiple displacement sites. These findings aim to support humanitarian planning and should not be interpreted as criticism of current efforts by government, communities, or civil society actors, who have already mobilized considerable support.

4.1 Protection

Protection risks were observed for multiple vulnerable groups, particularly children, women, the elderly, persons with disabilities, and individuals with diverse sexual orientation, gender identity and expression, and sex characteristics (SOGIESC). Despite no formal GBV or SEA cases reported, underlying risks are present, and awareness remains low among displaced communities.

- Two child deaths due to drowning were reported at Wat Por 5000 Deum.
- Physical and emotional violence against children was both reported and observed.
- Sanitation facilities lacked gender and age segregation; most toilets and bathrooms had no internal lighting.
- Some children walked naked around the camps, and families often shared overcrowded spaces with non-relatives, raising safeguarding concerns.
- Instances of psychological distress were reported among both adults and children. Some children described nightmares, persistent fear, and hesitation to separate from parents.
- Child protection awareness was low; children were unaware of risks around them.
- Unaccompanied and separated children were identified, but many remained with extended family and in contact with their caregivers.
- Bullying of children with diverse SOGIESC was observed.
- Some girls had been evacuated without proper clothing.
- There was no evidence of structured protection services, including referral or feedback mechanisms for GBV.
- Camp layouts often had poor visibility and lacked fencing around hazardous areas (e.g., open ponds).
- No dedicated child protection interventions (e.g., play spaces, awareness sessions, or psychosocial activities) were observed.
- Persons with disabilities had limited access to tailored services, although some support like wheelchairs was reported. A more detailed assessment is needed to address their needs adequately.

4.2 Shelter and Non-Food Items (NFIs)

While emergency shelter has been provided rapidly, conditions do not meet minimum standards, particularly if displacement is prolonged.

- Many IDPs share tents or pagoda floors with multiple families, affecting privacy and safety.
- In some areas, sleeping space was less than 1m² per person. Children and adults reported disrupted sleep, discomfort, and emotional stress.
- The heat and humidity, followed by rain, increased health risks and discomfort.
- Many shelters lacked basic infrastructure such as walls, adequate roofing, and ventilation.
- Cooking items, fuel, and kitchen utensils were lacking during the initial days. Some families returned to their homes to retrieve items or purchased them from vendors in or around camps.
- Crowded shared spaces heighten the risk of sexual harassment and mental health issues.

4.3 Food Security and Livelihoods

Food support has been widely mobilized but lacks coordination and diversity, with future concerns about nutrition and sustainability.

- Generous public and private donations have ensured immediate food access; however, most packages consist of similar dry or processed foods with limited nutritional value.
- Children received food and drinks from various public donors, raising concerns about health and regulation.
- Some food items are not suitable for storage, and cooking supplies remain inconsistent across sites.
- IDPs have established informal food markets in and around camps, with some families selling goods they brought or sourcing items from nearby towns.
- Livelihood disruptions are severe:
 - Households reported losing livestock.
 - The displacement coincides with rice transplanting season, leaving many fields unattended.
 - Some IDPs expressed intent to migrate in search of income opportunities.
 - Job losses were reported, particularly among wage laborers and vendors.

4.4 Health

Health services have been deployed, including mobile clinics, but disease risks remain, particularly due to weather, overcrowding, and WASH challenges.

- CWS and health authorities highlighted major concerns in Preah Vihear and Oddar Meanchey regarding disease surveillance, malaria risk, mental health, and missed vaccinations
- Fever, flu, and scabies were widely reported, particularly among children and elderly.
- Diarrhea was also recorded in some camps.
- A camp reported over 300 fever cases in the first days, which later declined to 30 cases, indicating some stabilization.
- Health departments distributed basic medical kits and coordinated mobile service delivery with referral hospitals.
- Mental health support was identified as an urgent need; children showed signs of emotional trauma and fear.

4.5 Water, Sanitation, and Hygiene (WASH)

Basic WASH infrastructure was present in most camps, but critical gaps remain in sanitation coverage, menstrual hygiene, and accessibility.

- Latrines were insufficient in number and lacked gender segregation or disability-accessible options.
- Sphere minimum standards were not met in most sites.
- Long queues were observed at toilets and bathing areas, especially for girls and children.
- Open defecation was reported in some camps due to unclean or unavailable latrines.
- Not all women and girls received hygiene kits, while some camps had excess distributions from uncoordinated public donations.
- Soap and clean water were available in several sites, but not all. Some camps relied on bottled or trucked water, often supplied by the private sector.
- Waste management was minimal or absent, raising environmental health concerns.

4.6 Education

Education has been severely disrupted. Few camps had temporary learning or child-friendly spaces, and many children were out of school.

- Several schools near IDP camps were encouraged to enroll displaced children, but facilities and teacher capacity were overwhelmed.
- Child-friendly spaces were often only open in the morning and could not accommodate all children.
- Temporary learning spaces (TLS) were established in a few camps but are extremely limited across the sites.
- Children expressed emotional reluctance to attend new learning spaces or play with unfamiliar peers.
- Many students remained glued to phone screens with limited access to play materials.
- Some children attempted to sit national or mobile exams but struggled with internet access and devices.
- Students left textbooks behind during evacuation; no textbook distribution was observed.
- Transportation to nearby schools was a major barrier. Parents often restricted attendance due to distance, safety, or separation anxiety.
- Some students shared intentions to drop out permanently and migrate for work, though others said they hoped to resume school once home.

4.7 Safety and Security

While local authorities have provided 24/7 security, protection risks persist, especially in overcrowded camps with minimal oversight.

- Theft of phones, clothing, and other belongings was reported.
- Formal reporting systems were absent; people reported issues informally to monks or camp leaders.
- Some Gift In-Kind (GIKs) were not distributed equitably and caused crowding and discomfort.
- Children and caregivers reported anxiety, nightmares, and lack of sleep due to safety fears.
- Men returning home temporarily caused stress for women and children left behind.
- Some households returned home prematurely without informing authorities.

- Clearance of unexploded ordnance (UXO) is required before formal return. Some houses were partially or fully destroyed.
- Power coverage was inconsistent across sites.

5. CAMP MANAGEMENT AND COORDINATION

Camp management was led by local authorities and community leaders, particularly monks and village officials, supported by the Cambodian Red Cross and national institutions. While response was rapid and generous, several coordination gaps were observed:

- Most camps lacked formal registration systems. Identification of beneficiaries and tracking of assistance was inconsistent.
- Assistance from public responders (e.g., food, clothing, hygiene kits) was delivered outside of formal structures, limiting equitable distribution.
- There was no clear Standard Operating Procedure (SOP) or feedback mechanism in most camps.
- Waste management systems were either informal or absent, contributing to poor hygiene conditions.
- Partial coverage of needs occurred in camps where private or faith-based actors delivered assistance without considering total IDP numbers.
- Government agencies and the Cambodian Red Cross provided full-coverage aid where present, though resource strain was evident.
- Camp leaders and committees often lacked training or support to manage aid flows, grievance handling, or information dissemination.

Note: These findings aim to support humanitarian planning and operations and should not be interpreted as criticism of current efforts by government, communities, or civil society actors, who have already mobilized considerable support.

6. RECOMMENDATIONS

These recommendations aim to inform humanitarian actors, government authorities, and civil society organizations supporting populations affected by the border-related displacement. They are based on field observations, joint assessment findings, and consultation with sectoral actors and displaced communities. The recommendations are organized under three headings: (1) Immediate Humanitarian Response, (2) Conflict-Sensitive and Inclusive Programming, and (3) Scenario-Based Planning for transition and recovery.

6.1 Immediate Humanitarian Response Priorities

Protection

- Urgently integrate child protection and gender-based violence (GBV) mitigation in all response efforts. This includes:
 - Gender-segregated and well-lit toilets and bathing facilities.
 - Rapid establishment of child-friendly spaces (CFS) and adolescent safe spaces.
 - Basic GBV awareness, identification, and referral training for local responders and camp leaders.
- Deploy mobile protection teams with capacity for case identification, referrals, and Psychosocial First Aid.
- Establish safe zones for play and rest, particularly for children at risk of emotional distress.
- Preventive messaging on child protection, GBV, and disability rights should be integrated into community outreach.

Shelter and NFIs

- Decongest overcrowded shelters to meet Sphere minimum standards, especially for female-headed households and children.
- Prioritize distribution of NFIs such as sleeping mats, blankets, cooking sets, and clothing with consideration for age and gender needs.
- Provide durable tarpaulins and construction materials to strengthen temporary shelters ahead of rainy season or extended stay.

Food Security and Livelihoods

- Coordinate food distributions to ensure nutritional diversity, minimize duplication, and avoid over-reliance on sugary, processed donations.
- Provide support for households who have lost livestock or crops (e.g., cash, livestock restocking).
- Begin planning for livelihood recovery interventions for IDPs post-return (e.g., vocational skills, agricultural restart kits).
- Engage with local markets and vendors, many of whom are IDPs themselves, to stimulate inclusive market-based responses.

Health

- Maintain and expand mobile clinics, particularly in larger camps and remote areas.
- Ensure consistent access to medicines, fever and wound treatment, and first aid supplies, with gender-sensitive and child-friendly services.
- Address mental health and psychosocial needs with trained outreach workers, group sessions, and referral systems.
- Continue disease surveillance and hygiene promotion, especially as rainy season may heighten waterborne disease risks.

WASH

- Construct additional latrines and bathing facilities, ensuring gender separation, disability access, and lighting.
- Scale up hygiene kit distributions, targeting adolescent girls and women.
- Improve solid waste disposal systems and ensure soap, buckets, and handwashing stations are replenished regularly.
- Deploy water purification units or tanks where clean drinking water is not consistently available.

Education

- Support and expand temporary learning spaces and child-friendly spaces within or near IDP sites.
- Provide school kits, textbooks, and teaching materials, and link IDP children with nearby schools when feasible.
- Ensure teachers are supported, trained, and equipped to manage mixed classrooms with IDP students.
- Initiate back-to-learning campaigns to encourage re-engagement, especially for adolescents at risk of dropout or migration.
- Integrate psychosocial support into education activities to address trauma and help children reintegrate emotionally and socially.

Safety and Security

- Ensure consistent security presence in all camps, especially at night, with gender-sensitive approaches.
- Develop a basic complaints and feedback mechanism, even informal, to address safety concerns.
- Provide UXO awareness in communities prior to return, and coordinate with mine action partners (e.g., CMAC) to clear suspected areas.
- Promote community watch structures in collaboration with local leaders to manage theft, conflict, and threats.

6.2 Conflict-Sensitive and Inclusive Programming

Humanitarian response should be guided by the principles of do-no-harm, neutrality, and equity, particularly in an evolving political and security environment. Recommendations include:

- Ensure equitable support to IDPs in camps and those hosted by relatives, avoiding the perception of preferential treatment.
- Use inclusive targeting methods to reach marginalized groups, including persons with disabilities, LGBTIQ+ individuals, single-parent households, and ethnic minorities.
- Strengthen community participation in camp management, including women, youth, and persons with disabilities.
- Enhance data protection, avoid identifying displaced populations publicly or sharing sensitive information that could risk community safety.
- Avoid programmatic links to political or military actors; all humanitarian support must be clearly civilian-led and rights-based.
- Reinforce coordination with local authorities and civil society, ensuring that external actors complement—not replace—local efforts.

6.3 Scenario-Based Planning

Given the uncertain trajectory of the conflict, humanitarian actors should prepare for multiple operational scenarios:

Scenario 1: Stabilization and Voluntary Returns Increase

- Facilitate safe, informed, and voluntary returns through transportation support and return kits.
- Scale down temporary shelter support while transitioning to early recovery assistance, including livelihood revival and school re-enrollment.
- Provide shelter repair kits for families whose homes were damaged or looted.

Scenario 2: Prolonged Displacement with Ceasefire Holding

- Sustain emergency services, but shift toward more durable solutions (e.g., semi-permanent learning spaces, upgraded shelters, livelihood training).
- Increase investments in protection, GBV prevention, education, and MHPSS services.
- Improve registration, monitoring, and feedback systems to support fair access and planning.

Scenario 3: Resumption or Escalation of Violence

- Reactivate emergency response capacity, including prepositioning of supplies, mobile teams, and contingency plans for new displacement.
- Expand protection monitoring and ensure robust referral systems for trauma and family reunification.
- Coordinate with NCDM, CRC, and other actors for safe site expansion and service coverage.

